

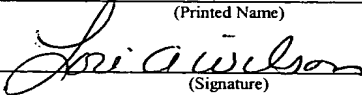


020604 U.S. PTO

Atty. Dkt. No. 025700-0120

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thom Zawerucha
Title: TOGGLE CLAMP ASSIST
TOOL
Appl. No.: Unknown
Filing Date: 02/05/04
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979072916 US (Express Mail Label Number)	02/05/04 (Date of Deposit)
Lori A. Wilson (Printed Name)	
 (Signature)	

16834 U.S. PTO
10/773725



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Thom Zawerucha
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Enclosed are:

- [X] Specification, Claim(s), and Abstract (11 pages).
- [X] Formal drawings (2 sheets, Figures 1, 2, 3, 4, 5).
- [X] Declaration and Power of Attorney (5 pages).
- [X] Assignment of the invention to Eagle Ottawa, LLC.
- [X] Assignment Recordation Cover Sheet.

- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 with copies of 37 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	21	-	20	= 1	x		\$18.00	=	\$18.00
Claims:									
Independents	3	-	3	= 0	x		\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$788.00
[]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$788.00

- ☒ A check in the amount of \$788.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date 02-05-04

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Respectfully submitted,

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